



Squamous Cell Carcinoma of Buccal Mucosa Metastasizing to Bone Marrow

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Clinical Image

A 56-year male presented with an ulcer on the left side of the palate with pain in the area during swallowing since 3 months. On examination there was wide spread oral sub-mucosal fibrosis with ulcerative lesion involving left soft palate and extending to the tonsillolingual sulcus along the anterior pillar. There is no peripheral lymphadenopathy. Left soft palate biopsy showed mitotically active atypical squamous cells in nests, cords and trabecula with necrosis, desmoplasia and inflammation; consistent with Squamous Cell Carcinoma (SCC). 18F-Fluorodeoxyglucose (FDG)-Positron Emission Tomography/Computed Tomography (PET/CT) revealed FDG avid thickening and enhancement in the region of left tonsillolingual sulcus with extension along the posterior surface of the tongue with FDG uptake extending into the left side of soft palate and FDG avid left level II lymph node. It was staged as SCC left tonsil with extension to tongue and soft palate (T4aN1M0). He received concurrent radiotherapy and chemotherapy. Post-chemo-radiation, after 6 months of follow up, 18F-FDG PET/CT, Figure 1 showed hypermetabolic lesions in the left lung upper lobe with hypermetabolic lytic lesion in the right iliac bone. There was no evidence of any metabolically active residual disease at primary site. Bone marrow biopsy, Figure 2 showed infiltration by malignant tumor deposits arranged in clusters with intravascular tumor deposits, surrounded by desmoplasia and areas of necrosis. Malignant cells had moderate to abundant cytoplasm with keratinization with hyperchromatic irregular nuclei, some with prominent nucleoli

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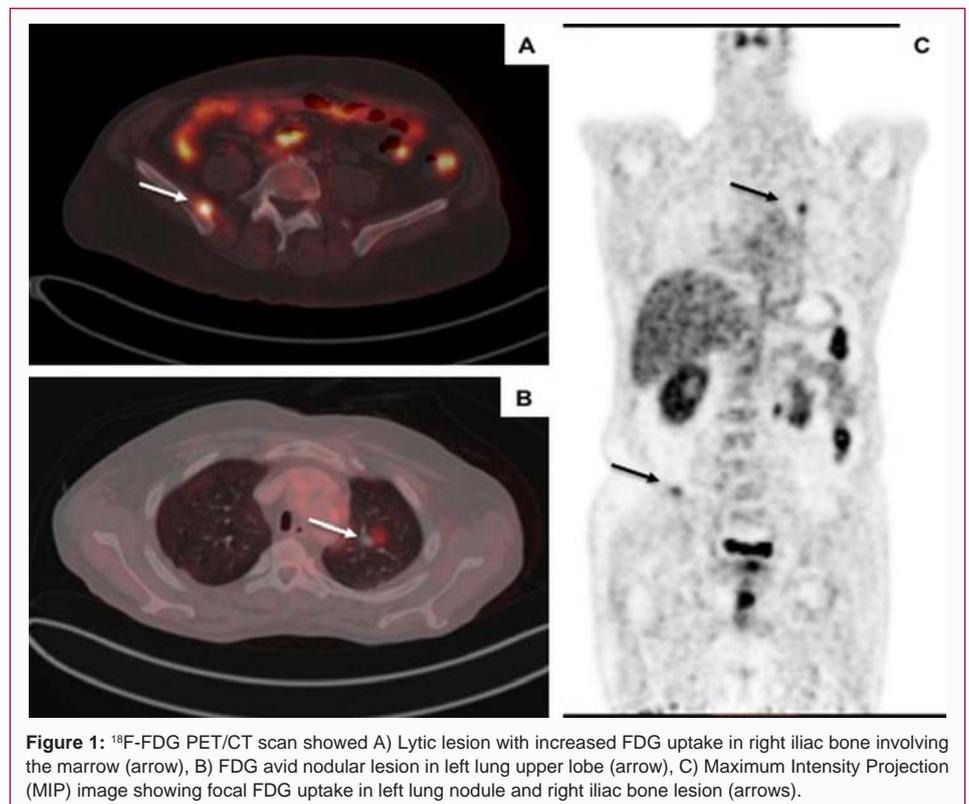


Figure 1: ¹⁸F-FDG PET/CT scan showed A) Lytic lesion with increased FDG uptake in right iliac bone involving the marrow (arrow), B) FDG avid nodular lesion in left lung upper lobe (arrow), C) Maximum Intensity Projection (MIP) image showing focal FDG uptake in left lung nodule and right iliac bone lesion (arrows).

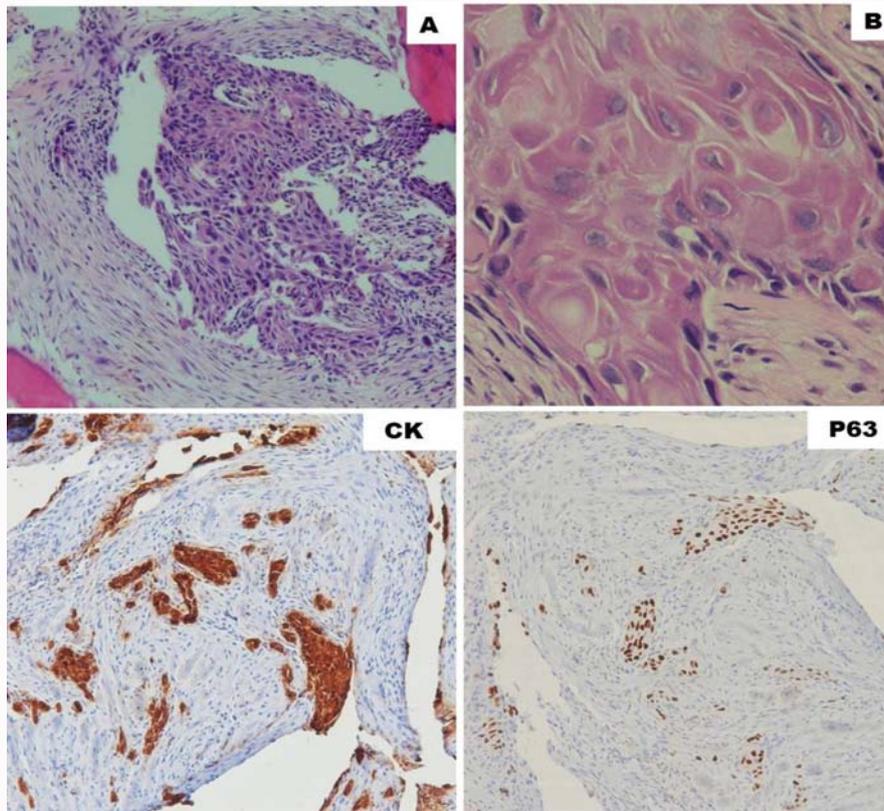


Figure 2: BM biopsy showed malignant tumor deposits with keratinization with hyperchromatic irregular nuclei, some with prominent nucleoli [A (100x) & B (400x), Hematoxylin and eosin stain]. On IHC, these tumor cells were positive for cytokeratin and p63.

and were positive for cytokeratin and p63. SCC of buccal mucosa metastasizing to bone or bone marrow is occasionally reported in the literature [1,2]. They usually spread locally or metastasize to lymph nodes. Pain, hypercalcemia, leucoerythroblastic blood picture are the common features. 18F-FDG PET/CT scan in staging and follow up of head and neck squamous cell carcinomas should be done for early and accurate detection of occult bone marrow metastasis. Timely detection of distant metastasis as bone marrow metastasis also prevents unwarranted radical surgery.

Keywords: Squamous cell carcinoma; Distant metastasis; Cytokeratin; p16; PET/CT.

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